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APPLICANTS

Josef Ehrenfreund, Basel, SWITZERLAND;
 Hans Tobler, Basel, SWITZERLAND;
 Harald Walter, Basel, SWITZERLAND;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Initials	SWITZERLAND	0	10	2

ADDRESS

SYNGENTA CROP PROTECTION , INC.
 PATENT AND TRADEMARK DEPARTMENT
 410 SWING ROAD
 GREENSBORO, NC 27409
 UNITED STATES

TITLE

Cyclopropyl-thienyl-carboxamide as fungicides

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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